## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrects maintenance fee notifica	ed below or directed otl	nerwise in Block 1, by (	a) specifying a new corre	maintenance tees w spondence address;	and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
20462	7590 08/16	/2010			tificate of Mailing or Trans		
GlaxoSmithKline GLOBAL PATENTS -US, UW2220 P. O. BOX 1539 KING OF PRUSSIA, PA 19406-0939				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
KING OL LKOS	31A, FA 19400-09.	D9				(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/594,293 08/07/2007 Jonathan Henry Ellis PB60806 5674 TITLE OF INVENTION: IMMUNOGLOBULINS							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/16/2010	
EXAM		ART UNIT	CLASS-SUBCLASS	]	\$1010	11/10/2010	
NATARAJAN, MEERA		1643	530-387900	,			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or a 2 registered patent attorney.	For printing on the patent front page, list the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a istered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ed, no name will be printed.  Jason C. Fedon  William T. Han			
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi n in 37 CFR 3.11. Comp FNEE	fied helow no assignee	THE PATENT (print or type data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assigne assignment.	ee is identified below, the d	ocument has been filed for	
Glaxo G	roup Limited		United Kingdom				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🗀 Government							
Aa. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies1			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 192570 (enclose an extra copy of this form).				
	us (from status indicated SMALL ENTITY statu	,	☐ b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 CI	FR 1.27(g)(2).	
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requeecords of the United State	ired) will not be accepted es Patent and Trademark	from anyone other than the Office.	he applicant; a regis	stered attorney or agent; or th	e assignee or other party in	
Authorized Signature		C. Fedor		Date 70	lov. 16, 2010		
Typed or printed name Jason C. Fedon			Registration No. 48,138				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.